

ORGANIC INSPECTION APPOINTMENT FORM

(Return form with completed Plan Questionnaire)

Farm/business name _____

Contact person _____

Street Address _____

City _____ State/ _____ County _____

Phone _____ Fax _____

E-mail _____

Best hours to call _____

Indicate which day(s) of the week are that are most convenient for an Organic Inspector to visit your operation:

For New Applicants only:

Draw a clear map and provide written directions to your farm or business.

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| Inspector Use Only: Appointment date: Appointment time: |
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